



AF/ 
Patent 
000006

Buchanan Ingersoll & Rooney LLP
Attorneys & Government Relations Professionals

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

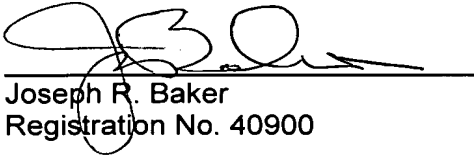
AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	92	95	0	x \$ 50 (1202)	\$ 0
Independent Claims	9	10	0	x \$ 210 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 370 (1203)					\$ 0
Total Claim Amendment Fee					\$ 0
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge \$ 485.00 to credit card for the fee due (Petition for Extension of Time; two months, small entity; Notice of Appeal, small entity). Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY LLP

Date December 21, 2007

By: 
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I hereby certify that this correspondence is being deposited with the United State Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit December 21, 2007


Typed Name: Kim A. Cabello